

Please type a plus (+) sign inside this box -

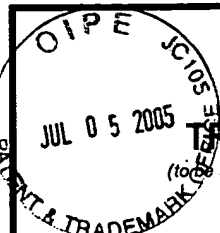
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PTO/SB/21 REV 1 (12/97)

Approved for use through 09/30/2000. omb 0651-0032

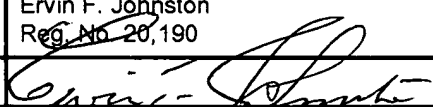
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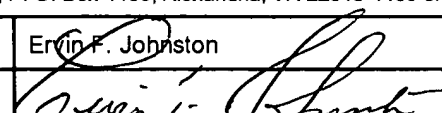
 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/630,817	
	Filing Date	07/29/2003	
	First Named Inventor	Pinarbasi	
	Examiner Name	Julie Anne Watko	
	Group Art Unit	2653	
Total Number of Pages in This Submission	2 + postcard	Attorney Docket Number	HSJ920030030US1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Checklist and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement ___ PTO Form 1449 ___ (no.) cited references	<input type="checkbox"/> Change of Correspondence Address	<u>POSTCARD</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<u>PHONE NUMBER CHANGES</u>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application  ___ PTO Form 1533  ___ Response to Missing Parts Under 37 CFR 1.52 or 1.53	<b>Remarks:</b>	

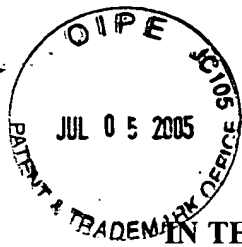
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Ervin F. Johnston Reg. No. 20,190
Signature	
Date	JULY 1, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>JULY 1, 2005</u>			
Typed or printed name	Ervin F. Johnston		
Signature		Date	JULY 1, 2005





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
)  
Pinarbasi ) Group No.: 2653  
)  
Serial No.: 10/630,817 ) Examiner: Julie Watko  
)  
Filed: 7/29/2003 ) Docket No. HSJ920030030US1  
)  
For: CURRENT PERPENDICULAR TO THE )  
PLANES (CPP) SENSOR WITH HIGHLY )  
CONDUCTIVE CAP LAYER STRUCTURE )

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**PHONE NUMBER CHANGES FOR THE UNDERSIGNED**

All previous phone numbers listed for the undersigned are to be deleted. The new phone numbers for the undersigned are as follows:

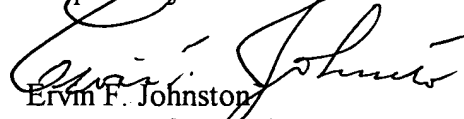
**808-661-1195 (Voice)**

**619-602-4597 (Cell)**

**808-661-1198 (Fax)**

Should there be any question regarding these changes the USPTO is requested to contact the undersigned.

Respectfully submitted,

  
Ervin F. Johnston  
Attorney of Record  
Reg. No. 20, 190

Telephone: 808-661-1195 (Voice)  
619-602-4597 (Cell)  
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